

Population Health Services
500 W Winchester Road, Suite 102
Libertyville, IL 60048
Phone 847-377-8020
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Lake County
Health Department and
Community Health Center

PRIVATE WATER SUPPLY AND
ON-SITE WASTEWATER TREATMENT SYSTEM
EVALUATION APPLICATION

A/P _____

Date _____

.....●
Check type of evaluation requested: Well only: _____ Septic only: _____ Well & Septic _____

Note: The septic system evaluation does not include interior inspection or pumping of tanks. The well inspection does not include determination of the water delivery rate (gallons per minute)

Address of property to be evaluated:

PIN of property to be evaluated: _____

Owner's name: _____ **Phone** _____

Contact for access/entry to property: _____ **Phone** _____

Is property vacant? _____ **If yes, for how long?** _____

When was septic tank last pumped? _____

Driving directions to property: _____

.....●
Evaluation requested by (Name & Address): _____

Phone _____ **Email** _____

Upon completion, what method would you prefer to receive the completed evaluation?

US Mail _____ **Email** _____ **Pick up at our facility** _____

.....●

Office Use Only

Date Received: _____ **Records?** _____